

Abstract:

People all around the world are exploited domestically and internationally for profits through various forms of human trafficking. This paper focuses on the illegal kidney trade in Pakistan. It explains different routes used in international organ trade to carry out a transplant operation through transplant tourism. It provides a brief background on the rise of organ trafficking in the country and explains various factors allowing its continuation. It examines different roles vendors, recipients, brokers, transplant teams, government and law enforcement agencies play in Pakistan's kidney bazaar. The paper discusses various consequences experienced by vendors after selling a kidney, using the ethnographical study of Pakistani kidney vendors published in 2009. It also provides risks associated with receiving a transplant in Pakistan's clinics and hospitals. This paper concludes with recommendations for Pakistan along with developed nations to deter organ trade.

Organ Trafficking: An Examination of Pakistan's Kidney Bazaar



(Source: "6 sent to," 2007)

Rubab Azeem
School of Public Policy
George Mason University
28011 White Pond Dr. Salisbury, MD 21801
(410)-251-5497
razeem@gmu.edu

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Introduction

Human Trafficking is widely referred to as modern day slavery, which involves and affects every part of the world. People are exploited domestically and internationally for profits through sex, forced labor, slavery, servitude and removal of human organs (Shelley, 2010). According to the United Nations Office of Drugs and Crime, Human trafficking is the second most profitable form of transnational crime after the sale of drugs and is stated to be more profitable than the sale of arms (Shelley, 2010). The UN Palermo Protocol developed in 2000 to *Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime* has forced governments and non-government organizations to pay attention to the issue (“Background guide topic,” 2010:5). However, that attention is centered on sexual exploitation and forced labor; leaving organ trafficking as “an invisible trafficking sector” that lacks accurate and detailed information (“Background guide topic,” 2010:5).

The shortage of organs and long transplant waiting lists has forced wealthy foreigners to travel to poor countries for a transplant, known as transplant tourism. This has increased the illicit trade of organ trafficking. The World Health Organization (WHO) in 2007 reported that “about 10 percent of the 63,000 kidney transplantations undertaken worldwide involved payment between non-related donors of different nationalities” (Garwood, 2007:5-6). Although illegal organ trade occurs in various countries, this paper will focus on the rise of illegal kidney trade in Pakistan; explain various factors allowing its continuation; and describe various people involved in the practice along with possible recommendations to deter organ trafficking in Pakistan.

Organ trafficking and Transplant Tourism

Organ transplantation is “the removal of tissues from the human body, from a living or dead person, for the purpose of transplantation as a treatment” (Budiani-Saberi & Delmonico,

2008:925-29). The first successful living-related kidney transplant took place on December 23, 1954 in Boston, USA (Transplantation, n.d). However, the introduction of pharmaceuticals preventing organ rejection in the 1970s changed the course of organ transplantation (“Background guide topic,” 2010:2). Transplantation of organs became easier and led to the creation of medical tourism in various countries to meet the high demand for organs from wealthy individuals suffering from terminal and irreversible failure of organs; i.e. heart, liver, or kidney (“Background guide topic,” 2010:1). Over the last few decades, countries around the world, especially in Asia, have encouraged “transplant tourism” by not having or failing to implement laws prohibiting sale of organs (Budiani-Saberi & Delmonico, 2008:926). Currently, medical tourism is a national industry in more than 50 countries (“Background guide topic,” 2010:8).

The United Network for Organ Sharing (UNOS) defines transplant tourism as “the purchase of a transplant organ abroad that includes access to an organ while bypassing laws, rules, or processes of any or all countries involved” (Budiani-Saberi & Delmonico, 2008:926). In another word, transplant tourism allows someone suffering from terminal and irreversible failure of organs to travel to another country to receive a transplant. However, not all travel to get a transplant is classified as organ trafficking and in some instances transplant tourism may be legal and appropriate (Budiani-Saberi & Delmonico, 2008:926). For instances, when a related donor and recipient travel from countries without transplant services to countries where organ transplantation is performed (Budiani-Saberi & Delmonico, 2008:926).

To curb the rising black market of organs the Declaration of Istanbul on Organ Trafficking and Transplant Tourism defined organ trafficking in the United Nations Palermo Protocol as:

“the recruitment, transport, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, of a position of vulnerability, of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation by the removal of organs, tissues or cells for transplantation” (Budiani-Saberi & Delmonico, 2008:925).

This definition of organ trafficking encompasses the different methods of exploitation used to solicit an individual into a commercial transplant (Budiani-Saberi & Delmonico, 2008:926). In transplant commercialism, the “the organ becomes a commodity and financial considerations become the priority for the involved parties instead of the health and well-being of the donors and recipients” (Budiani-Saberi & Delmonico, 2008:926). There is a difference between “illegal organ sales” and “trafficking for organs” (Budiani-Saberi & Delmonico, 2008:926). An illegal organ sale involves organs being taken from living or deceased people to be used for various purposes. In organ trafficking, “the process is initiated by force, violent threats, or other forms of coercion and usually involves living people” (Dossier, 2008:3). In Pakistan, Organ trafficking is carried out using illegal organ sale from poverty stricken individuals.

I. Modes of Transplant Tourism

Organs are bought, sold, and transplanted in various ways. Nancy Scheper-Hughes, director of Organs Watch and a well renowned expert in organ trafficking, states that organ trade “follows the modern routes of capital; from south to north; from third world to first world; from poor to rich” (Lita, 2007). In 2007, Yosuke Shimazono at the Second Global Consultation on Human Transplantation at the WHO headquarters in Geneva illustrated four different routes of illicit transplant tourism between recipients, commercial living donors (CLDs), and transplant

centers (Budiani-Saberi & Delmonico, 2008:926). **Figure 1 about here** The four documented methods of organ trade illustrate the transnationality of this organized crime that requires travel to another country. However, organ trafficking can also occur within the same country where the CLDs and recipients reside (Budiani-Saberi & Delmonico, 2008:926).

The first mode illustrates a recipient travelling to another country where the CLD and the transplant center are located. This tends to be the most common form of travel for organ transplantation because a recipient can easily travel to another country that thrives in the business of transplant tourism or lacks to implement laws prohibiting the sale of an organ. The second mode illustrates a donor travelling to the country of the recipient where the transplant center is located. The third mode illustrates both the donor and recipient travelling to another country where the transplant center is located and last but not least the fourth mode shows both the donor and the recipient travelling to the transplant center located in another country (Budiani-Saberi & Delmonico, 2008:926). The third and fourth modes tend to be the least utilized. Shimazono's four routes of transplant tourism only depict the living donors and do not take into account organs taken from the deceased.

Pakistan's Kidney Bazaar

The 2011 U.S. Trafficking in Person (TIP) report classified Pakistan as a source, transit, and destination country for forced labor and sexual exploitation ("Trafficking in Persons," 2011). However, it did not mention the thriving illegal trade of organs, especially kidneys. Pakistan, a country of about 160 million inhabitants, has become the center of illegal renal (kidney) transplants (Rizivi, Naqvi, Zafar, & Ahmed, 2009). A recent WHO report ranked Pakistan as one of the top five organ-trafficking hotspots along with China, Colombia, Egypt and the Philippines (Budiani-Saberi, 2012). Kidneys are the most common trafficked organ because they can be

easily removed and preserved (Dossier, 2008:3). In Pakistan, about 6,500 kidneys are sold every year (Dossier, 2008:7). In addition, there have also been reports of intestines, pancreas, lungs, and cornea being sold in Pakistan's black market of organs (Naqvi, Ali, Mazhar, Zafar, Rizvi, 2007).

I. Background

Kidney transplantation in Pakistan began between living related donors in public hospitals in the 1979 (Rizvi et al. 2009). However, due to the shortage of organs and absence of deceased donor program, the country began unrelated donor transplants (Rizvi et al. 2009). The dilemma of organ trafficking in Pakistan began in the mid-1990s, as a majority of unrelated transplants began to be performed on rich foreigners, who could no longer buy organs from India after the Transplantation of Human Organs Act (THOA) of 1994, making it illegal to sell organs to foreigners in India (Rizvi et al. 2009). The private clinics in Pakistan began to take advantage of this by openly advertising to wealthy individuals as the country had no legislation prohibiting the illicit trade. There is a lack of precise data about the number of transplants carried out during this time on foreigners as Pakistan does not release data regarding the numbers of foreign patients that travel to the country for transplants (Raza & Skordis-Worrall, 2012:86).

However, the Sindh Institute of Urology and Transplants (SIUT), Pakistan's largest public sector transplantation center, estimated that by the year 2007, "about 2,500 transplants were performed annually of which 2,000 were unrelated commercial transplants and 1,500 of these were for foreigners" ("Resurgence of Pakistan's," 2011). Even after Pakistan made it illegal to sell organs to foreigners by passing the Transplantation of Human Organs and Tissues Ordinance (THOTO) in 2007, the illegal trade continues to thrive (Raza & Skordis-Worrall, 2012). The extent of this thrive is unknown due to the lack of data. However, various media

reports in Pakistan continue to report numerous people, especially in Punjab Province, selling or willing to sell an organ due to financial hardships.

II. Root Causes

To understand organ trafficking in Pakistan, it is necessary to consider various factors such as poverty; high unemployment rate; lack of education; absence of health care regulations; inefficient implementation of THOTO; corruption; political instability; gender and ethnic discrimination; border conflicts and increased insecurity due to presence of terrorist groups (Naqvi et al. 2007). These factors combined together facilitate the continuation of organ trafficking and force desperate individuals to sell an organ for monetary gain. Poverty is one of the major facilitators of organ trafficking and is widespread throughout the country, predominately in rural areas. It is estimated that approximately 65 percent of Pakistan's population lives in rural areas and about 40 percent of the urban population lives in slum areas (Ali, 2012).

According to the World Bank, Pakistan is ranked “among the 43 countries most exposed to poverty risks” (Ali, 2012). A recent report by the Pakistan's Planning Commission stated that in the last three years Pakistan's poverty rate has increased 13.6 percent (Ali, 2012). The report also stated an increase in the number of people living below the poverty line from 35.5 million in 2005 to over 64 million in 2008 (Ali, 2012). This increase was due to the 2005 massive earthquake that left many homeless. To further add to the problem, the floods of 2010 and 2011 hit the agricultural sector the hardest leaving many people homeless with very little, if any, relief from the government. **Figure 2 about here** The floods combined with lack of economic development; decreased spending in social sector; high inflation; and shortage of commodities have caused more people to become vulnerable to organ trafficking (Ali, 2012).

Majority of Pakistan's population depends on the agriculture sector. It accounts for "more than one-fifth of output and two-fifths of employment in Pakistan" ("The world factbook," n.d). Most of the people working in this sector are bonded laborers who live and work on landlords' farms to pay off generational debts (Raza & Skordis-Worrall, 2012). The debts, also known as peshgi, are "rooted deep in the feudal relationship of landlords and peasants" in Pakistan and "over time have evolved into a system in which money advanced to workers can potentially enslave them" (Bales, 1999:165). Besides agriculture sector, debt bondage is also common in the areas of carpet-weaving, mining, domestic work, and in the production of cotton seeds, handicrafts and glass bangles ("Dalits and Bonded," n.d). It is difficult to estimate the total number of bonded laborers. However, the Pakistan Institute of Labour Education and Research (PILER) in 2000 estimated over 1.8 million sharecroppers (haris) living in debt bondage ("Dalits and Bonded," n.d). This number increases dramatically as bonded laborers from other sectors are taken into account.

As for the extent of debt bondage in brick making, the Federal Bureau of Statistic's 2004 survey revealed that nearly 90 percent of brick kiln workers in the Punjab Province were bonded ("Dalits and Bonded," n.d). In 2011, Kishwer Zehra, a member of the National Assembly and a social worker for Support Trust, reported that debt bondage was forcing peasants and brick kiln workers to sell their kidneys. Zehra stated that during her visits to different villages in Punjab, she came across "people working as near slaves, tied to a landlord that pays them too little and invariably entrapping them in a vicious circle of debt" ("Resurgence of Pakistan's," 2011).

Kevin Bales in *Disposable People* describes the difficulties of families working on brick kiln get out of the vicious circle of debt. He states that few families pay off their debts but majority are left in the peshgi system in which they have to take an advance payment for extra

expenses they incur due to “an illness in the family, a wedding, a funeral, the arrest of a family relative (requiring bribes), an accident, heavy rains, drought, or any other event” (Bales, 1999:156). Zehra also reported that “if not outright kidnapped, tortured, raped or beaten” the people chose to sell kidneys out of desperation caused by poverty and hope for a better future (“Resurgence of Pakistan's,” 2011).

III. Different Actors Involved

The illicit trade of organ trafficking in Pakistan is carried out in collaboration between various actors. They consist of the vendors (sellers); recipients (patients); brokers (kidney hunters); transplant team (doctors and nurses); government and law enforcement agencies. Out of all the actors previously mentioned, vendors (sellers) are the most difficult to identify. They vary substantially and tend to benefit the least from this illegal trade. They also tend to be misunderstood as consenting to sell an organ because hospitals and brokers have come up with creative methods to get around the THOTO, i.e. getting vendors to stamp their thumbs as verification for consenting to sell an organ (Ibrahim, 2007). The recipients tend to be wealthy individuals from the developed countries suffering from kidney failure (Raza & Skordis-Worall, 2012:86). The transplant clinics and brokers in Pakistan tend to make the most profit out of this commercialization of organs with assistance from the government and law enforcement agencies that can be easily bought to turn their backs on this crime. Corruption runs throughout the illegal kidney trade.

A. Vendors

In Pakistan, organ trafficking takes advantage of the most vulnerable segment of the country. They tend to be poor and uneducated; working mostly in bonded labor (Raza & Skordis-Worrall, 2012). They tend to sell a kidney because they do not see any other option. They have

very little, if any, education and brokers tend to take advantage of their illiteracy. In Pakistan, about half of the men and two-thirds of women are illiterate (“Lack of basic,” 2009). Compared to other poor nations, Pakistan has high illiteracy rates despite having low standards to measure literacy (“Lack of basic,” 2009). One is considered literate, if he or she can sign his or her own name. Due to the nation’s border conflict with India over Kashmir and the constant turmoil on the Afghan frontier, much of the budget is allocated to the military instead of education (“Lack of basic,” 2009). It is estimated that in 2009 Pakistan spent only 2.5 percent on education while defense and debt servicing accounted for 66 percent of the national budget (“Lack of basic,” 2009).

Very few studies have been carried out to understand the profile of vendors selling Kidneys in Pakistan. In 2006, an ethnographic study was conducted on kidney transplantation between living-related donors and their families. Trafficking of Kidneys was not the focus of this study (Naqvi et al. 2007). Another ethnographical study published in 2009 was conducted to find the “demographics, socioeconomic parameters, reasons for and logistics of vending, achievement of objectives of vending, prospects of future vending in the family and qualitative health status post-vending” (Moazam, Zaman, & Jafarey, 2009). The detailed study was carried out by a research team consisting of two physicians from SIUT and a clinical psychologist from a Karachi University. The study interviewed 239 vendors in the Sargodha District, a Province of Punjab in eastern Pakistan (Naqvi et al. 2007).

The findings of the study suggested that out of the 239 vendors, the majority of kidney vendors were male but there were also instances of female’s selling an organ (Naqvi et al. 2007). The majority of the vendors were illiterate and bonded laborers; earning between \$10 to \$30 U.S. dollars per month (Naqvi et al. 2007). There were also cases of farmers, domestic servants, house

maids, laborers, unemployed, and even housewives selling organs (Moazam et al. 2009). When asked why the vendors sold kidneys, majority of them replied to pay off debts (Moazam et al. 2009). Some vendors sold a kidney to repay debt of their fathers, uncles, and even grandfathers (Moazam et al. 2009). Debt bondage was also combined with other expenses such as business, marriage, house construction and illness in family. There were also few cases of people selling an organ to start a business or to pay for family illness (Moazam et al. 2009). The debt ranged from less than \$1,000 up to \$3,000 (Moazam et al. 2009). **Tables 1 and 2 about here**

The most common method of selling an organ was the recruitment by transplant centers through brokers, others were motivated by family members and some even went directly to the transplant centers (Naqvi et al.2007). The survey reported that few were “coerced by their landlords to sell an organ to repay their debts” (Moazam et al.2009). This might not be the case for other hotspots of organ trafficking across Pakistan. The study did not come across any vendors or children, whose kidney had been stolen. The Pakistani media has reported numerous stories of stolen kidneys throughout the country. For instance, earlier this year *The Daily Times* of Pakistan reported five men getting their kidneys stolen when they went for appendicitis surgeries in Rawalpindi (Sajjad, 2012). The same newspaper also reported a girl getting abducted by unknown people as she was walking home. She went missing for weeks and eventually was dumped in an unknown town unharmed by her abductors. However, she later found out that her kidney had been removed by abductors, who were part of “a very lucrative trade of stealing and selling kidneys” (Sajjad, 2012). **Table 3 about here**

The study of the vendors stated that the average agreed price for sale of kidney was \$1,737 U.S. dollars (Naqvi et al.2007). However, none of the vendors received the promised price because they were deceived by brokers. They were misled to believe that they would be

getting a higher price for the kidney when in reality they received a smaller sum (Raza & Skordis-Worrall, 2012). The vendors could not take any legal action as it is illegal to sell an organ to non-related person for profit in Pakistan. The vendors reported being threatened by brokers to not take any action. The vendors were informed that the reason they received smaller amount than promised was due to medical expenses and travel to and from the hospital (Raza & Skordis-Worrall, 2012). The vendors described the hospitals and staff as “in business of theft” because they felt victimized and deceived by the staff of hospitals (Naqvi et al. 2007). Despite selling a kidney and developing harmful psychological and physical side effects, the vendors remained under debt (Naqvi et al. 2007).

B. Recipients

The recipients tend to be wealthy Pakistanis and foreigners from Saudi Arabia, the Gulf, Britain, India, and Canada (“Pakistani villagers fall,” 2006). They come to private hospitals in Rawalpindi and Lahore for kidney transplants (“Pakistani villagers fall”, 2006). The recipients are often faceless strangers to the vendors. The vendors view recipients as people who buy their organ for less money than was promised (“Pakistani villagers fall,” 2006). The demand for kidneys from wealthy individuals, usually from developed nations, fuels the illegal organ trade in Pakistan (Raza & Skordis-Worrall, 2007). The long waiting lists; expensive dialysis treatments; and medications force people with failing kidneys to travel abroad to get illegal transplants. A recent WHO report named Australia, Canada, Israel, Japan, Oman, Saudi Arabia and the United States as world's main organ importers (“Kidney stolen at,” 2010). The United States alone, as of March 2012, has approximately 113,200 people on waiting lists (“United Network,” 2012). Taking that number into consideration and looking at how only 26, 247 transplants were carried out in the year before, people with failing kidneys are desperate (“United Network,” 2012).

In 2007, SBS Dateline of Australia interviewed an Australian named John David Horne about the process of his search for a kidney transplant. John, a semiretired businessman from Australia's Gold Coast, was told by his doctor that without dialysis he had six months to live (Tadic, 2007). In Australia, the waiting list for a kidney is up to seven years (Tadic, 2007). So, John searched the internet to find a place that would allow him to get a transplant. He found four or five different countries that were offering transplant operations (Tadic, 2007). Two places that he considered before settling for Pakistan-“the cheapest option”- were the Philippines and China (Tadic, 2007). He stated that the Philippines had a very big kidney research transplant clinic and it would have cost him about \$120,000 Australian dollars (Tadic, 2007). While China was not an option because his source informed him that the Chinese kill until they find a match (Tadic, 2007).

John travelled to Pakistan with his best friend, Noel Oliver, as a caretaker. John explained that in the first 24 hours, he spoke to two Bulgarians, a Russian and a Pakistani who recently had received transplants making him more confident about the operation (Tadic, 2007). However, John did not have to get a transplant as his condition improved, but his experience provides insight on the process of transplant tourism in Pakistan. John was going to get a kidney from a man of 26 years of age, who came from Lahore, for the price of about \$3,500 or \$4,000 U.S. dollars (Tadic, 2007). According to John, the price was sufficient when converted to rupees and was enough to last the man giving up his kidney for 10 to 15 years (Tadic, 2007).

It is unbelievable that within a period of six months, John was able to inquire about different places carrying out transplant operations and fly to a country that had everything prepared for him. The most unfortunate part of this story is John's belief that “the poor are not being exploited” (Tadic, 2007). He justified his belief by comparing his own experience of

giving blood to buy a drink when he was in the navy to people selling organs for monetary gain (Tadic, 2007). It is apparent that blood donation is drastically different from selling a kidney. However, this belief is common in recipients travelling on transplantation tourism. The recipients need to understand that individuals selling kidneys are just as desperate as them. The vendors selling kidneys are desperate due to poverty and lack of choices while recipients with financial means are desperate to live longer. In another word, both recipient and vendors are desperate to survive with limited options they have. The organized criminals around the world know this very well and they take advantage of it.

C. Brokers and Transplant Teams

Organized criminals have made good money trafficking kidneys due to long waiting lists for kidneys around the world ("Pakistani villagers fall", 2006.). In Pakistan, private clinics are at the center of this trade. They work closely with "kidney mafias" to employ brokers to recruit potential vendors in desperate need for money to supply organs ('Dan rather reports', 2010). The brokers "recruit, coerce and sometimes force people to give up a kidney" ("Dan rather reports", 2010). In July 2008, about 10 hospitals in Lahore were found to be involved in the illegal transplant trade (Kazim, 2008). Professor Dr Adibul Hasan Rizvi, the President of Transplantation Society of Pakistan (TSP), at a press conference in 2011 confirmed that doctors play a key role in organ trafficking (Ilyas, 2011).

It is estimated that the private clinics in Pakistan offer transplant packages that range from US\$6,000 to \$10,000 for local patients while foreigners are charged up to \$40,000 (Raza & Skordis-Worrall, 2012). The cost covers the fees for the vendor (ranging from US\$1,200 to \$1,700), surgeons, broker, and the medical expense (Raza & Skordis-Worrall, 2012). Little is known about the amount that is actually paid to the broker, who is usually hired by the private

clinic to recruit, abduct or kidnap people for their kidneys. An Australian documentary about the Pakistan's Kidney mafia reported a vendor explaining how a broker took approximately \$15,000 or \$20,000 from his share of the total amount (Tadic, 2007). The same vendor also complained that the broker tends to keep more than half what the vendors are paid and went further to state that the hospitals and brokers are "just cheating the poor" (Tadic, 2007). Another undercover report by a Pakistani news channel revealed a broker intending to collect his payment by having the patient transfer money to an account number he would provide an hour before the transplant ("Ary news live," 2009). The brokers are opportunists, who only care about profits. The brokers are often the only person the vendors and the recipients are in contact throughout the whole process. Majority of the vendors do not know the recipient receiving their organ and vice versa. The vendors are unfamiliar with the surgeons or other physicians in the hospital (Raza & Skordis-Worrall, 2012).

The high-profile arrest of six people, including five doctors and a broker in 2007, for involvement in selling kidneys, slowed the organ trade for a while (Sajjad, 2012). Three hospitals in Liaqatabad were involved in this case; Masood Hospital, Rashid Hospital and Shafi Hospital (Sajjad, 2012). These hospitals employed Javed, a broker, who sold organs with the assistance of five doctors, who performed the transplant operations (Sajjad, 2012). The kidney recipients for the hospitals were from Europe, the UK and the Middle East ("6 sent to," 2007). It is estimated that the hospitals offered a donor about Rs 60,000 to Rs 100,000 while a local recipient was charged between Rs 250,000 and Rs 600,000 and a foreign recipient was charged more than Rs 1 million for a transplant ("6 sent to," 2007).

Due to this incident, brokers have become more careful in approaching people who want a kidney transplant and those who want to sell a kidney are sworn to strict secrecy ("Pakistan:

Putting a,” 2010). This incident made people more aware of the illegality kidney of trafficking and made people re-think about selling organs (“Pakistan: Putting a,” 2010). Earlier this year, the Interior Ministry of Saudi Arabia warned its citizens to avoid undergoing a Kidney transplant in Pakistan for their own safety and not to pay anyone promising to arrange a transplant operation after a broker embezzled \$45,000 from a Saudi citizen to arrange a transplant operation for his father (Jeddah, 2012).

Technology plays an important role in the organ trade. Organized criminal networks use internet to advertize and get in touch with potential recipients. They use various Pakistani websites to advertise. A Pakistan website called Bolee.com, similar to eBay, had two advertisements from males willing to auction their kidneys online. Fortunately, no bids were placed. The picture of Bolee website shows a male of 26 years of age auctioning his kidney for Rs. 600,000 to someone with AB+ blood group (Najam, 2008). At first glance, it seems as if the vendor is selling an organ however the description suggests otherwise. Since, the majority of Pakistan's population lives in poverty and lacks proper education, this advertisement suggests that it is advertised by someone with education and some knowledge of kidney transplant requirements, i.e. the mention of blood group. **Figure 3 about here**

D. Government and Law Enforcement Agencies

Dr. Shelley in *Human Trafficking* states that corruption on both the large and small scales contributes significantly to the rise of human trafficking (Shelley, 2010:46) She goes further to state that “corruption and collusion of government officials with human traffickers’ results in the absence of protections for trafficked individuals and it undermines the quality of governance and rule of law” (Shelley, 2010:80) This is apparent in Pakistan, as the country has a very unstable government and corruption runs high throughout the country from politicians to members of law

enforcement. According to the Corruption Perception Index of Transparency International, Pakistan is one of the most corrupt nations, in the world (“Trafficking in persons,” 2011).

It is difficult to pass and implement laws prohibiting any form of trafficking in Pakistan because traffickers tend to know the government officials. The 2011 TIP’s reported that “some feudal landlords are affiliated with political parties or are officials’ themselves, who use their social, economic, and political influence” to protect their involvement in bonded labor (“Trafficking in persons,” 2011). This is also apparent in organ trafficking. The health officials, government functionaries and law enforcers take bribes and allow commercial transplantations to be freely carried out in hospitals across the country (Ilyas, 2011). Furthermore, police lack the personnel, training, and equipment to confront gang and kidney mafias that abduct and steal people’s kidneys. Additionally, media and NGOs report that police receive “bribes from brothel owners, landowners, and factory owners to ignore these illegal human trafficking activities” (“Trafficking in persons,” 2011).

There are very few prosecutions for organ traffickers. The Federal Investigation Agency (FIA) on its website has 76 people on the most wanted list (“List of most,” 2009). The majority of the criminals on the list are wanted for human smuggling and few for sexual exploitation (“List of most,” 2009). It does not list any cases of organ trafficking even though the media constantly reports the abuse of organ trafficking around the country. The media reports state that doctors who get caught bribe public officials to avoid serving any hard time. The brokers and the vendors are usually who spend time in jail for this crime. In the prosecution process, the vendors are the real victims. Law enforcement agencies hardly ever get punished for their involvement in the crime. In 2009, the TIP’s report stated that “147 law enforcement officers were disciplined for being involved in human trafficking under the Government Service Rules and Regulations;

while 12 were permanently removed, four were forced to retire, seven were reduced in rank, and the remaining cases resulted in administrative actions” (“Trafficking in persons,” 2009).

Professor Dr Rizvi, a strong opponent of organ trafficking has strongly criticized the government for lacking to take any serious action to prevent organ trafficking from occurring in the country (Bhatti, 2011).

Consequences

Selling a kidney carries negative “social, psychological, and emotional consequences that extend far beyond the vendor to the immediate and extended family and also to the community” (Naqvi et al. 2007). Dr Rizvi states “the post-operative neglect of donors is the most sickening aspect of the kidney trade” (“Pakistani villagers fall,” 2006). The vendors are not given adequate post-operative care, often leaving them with “psychological problems and infections that prevent them from returning to work and making them a burden to their families and communities” (Shelley, 2010:75). Recipients also experience problems after transplants due to unsanitary medical procedures (Moazam et al. 2009). Inadequate post-operative care jeopardizes the vendors’ health as the brokers and transplant teams are only concerned with profits (Budiani-Saberi & Delmonico, 2008).

The 2009 ethnographic study stated number of post-operative health consequences that majority of vendors experienced after kidney removal (See Table 3). They were “high levels of anxiety; insomnia; crying spells; loss of appetite, and a lack of peace in life” (Naqvi et al. 2007). The majority of the vendors regretted selling an organ based on their religious views and stated that they would not recommend anyone to sell a kidney, no matter how dire the situation (Naqvi et al. 2007). Some vendors felt ashamed and did not want to tell others that they had sold a kidney because of religious beliefs. The vendors are victimized and deceived by the staff of

hospitals as they make profit off of their miseries. Despite selling a kidney and developing harmful psychological and physical side effects, the vendors remained under debt (Naqvi et al. 2007).

Recommendations

The supply of unlimited organs from impoverished living donors from rural areas of Pakistan and the demand from the wealthy foreigners, especially from Middle East, Europe, Australia, Canada, USA, India, Saudi Arabia, etc. needs to be addressed by both the Pakistani government along with the governments of the developed nations, whose citizens travel as medical tourists to other countries for Kidney transplants (Garwood, 2007). Also the issues concerning organ trafficking should not only be dealt with as matters of health but also as a matter of justice (Pearson, 2004).

It is difficult to recommend one solution to deter organ trafficking in Pakistan as various factors contribute to the problem. First, it is necessary to have one common term for people selling kidneys. The medical community refers to them as commercial living donors (CLDS), while the hospitals and the government in Pakistan refer to them as donors (Budiani-Saberi & Delmonico, 2008). Instead, they should be referred to as vendors because the notion of “donor” implies that the person is donating on charitable grounds. When in reality, the kidney seller might be forced by poverty; lack of opportunity; and/or physical threats. Second, education is essential to curb organ trade and to create awareness about the negative consequences of organ trafficking since majority of Pakistani citizens are illiterate. However, with the absence of employment and with the presence of numerous traffickers, education alone cannot be the solution to trafficking (Shelley, 2010:303). To improve the country's economic situation, it is

necessary to reduce the level of corruption. The widespread corruption limits the nation's economic development and creates policies that mainly benefit the elites (Shelley, 2010:47).

Furthermore, countries with long waiting lists should build transparent, reliable systems of organ donation through altruistic donations from healthy individuals and deceased donors. Until these donation systems are created and utilized, poor and vulnerable individuals are at risk for being targeted to supply organs to privileged patients (Budiani-Saberi & Delmonico, 2012). The motor vehicle departments in the U.S. have, for some time now, been asking people whether they want to be organ donors but that only applies in the case of accidental death. This can be changed through popular socializing websites, i.e. facebook and twitter, to create awareness about Kidney donations from the living. For instance, last year facebook allowed its U.S. users to create a donor status on their pages to show their friends and families that they are organ donors (Richtel & Sack, 2011). According to experts in the field of organ donations, facebook user's declaring organ donors' status could encourage other users to become donors decreasing the number of people waiting on Kidney transplant lists (Richtel & Sack, 2011). However, the social networking websites can also have negative consequences; i.e. they can be used to solicit kidney donations. Thus, these websites should only be used to notify others that a person is a registered donor through a well established website; i.e. United Network of Sharing.

Legalizing organ trade would increase supply of organs but it would be immoral and unethical. It would openly take advantage of impoverished people, leaving them in even more desperate situations (Ibrahim, 2007). Instead, Pakistan should implement the THOTO and develop a system of cadaveric transplants that would require its citizens to have a donor card similar to National Identification Card. The card would have to be issued by hospitals since medical information is required to be a kidney donor. Creating this system will be difficult not

only because majority of Pakistan's population is illiterate; majority of the country's hospitals have poor medical standards; and the country's weak and corrupt government fails to implement laws. Nevertheless, Pakistan should strive to create a transplant system with proper oversight by someone like Dr. Rizvi of SIUT. Dr. Rizvi has been a strong opponent of organ trade since its beginning in Pakistan. He is an outstanding example of what can be achieved in Pakistan with the right leadership and proper resources. He established SIUT; formerly known as Civil Hospital ward, in 1970 and it became an institution in 1991 (Tirol, 1998). The SIUT has and continues to house Pakistan's "most skilled and experienced doctors and medical staff for the treatment of urological diseases" (Tirol, 1998:1). It is known to be one of the best kidney centers in Pakistan and it provides free services for patients that cannot afford to pay medical expenses.

In the past, the government has attempted to create centers similar to the SIUT but has failed to achieve similar results; i.e. a former Prime Minister tried to create twelve similar centers around the country after a visit to the institution but the centers failed due to lack of trained specialists and necessary oversight by any authority (Tirol, 1998:21). Therefore, the government should assist credited hospitals by providing grants as it did for the SIUT. The government should only finance the creation and maintenance of the hospitals and not be involved in the hospitals everyday tasks.

It is necessary to have other trauma and transplantation centers around the country to collaborate with SIUT to carry out transplantations in accordance with international medical standards. Currently, the SIUT has six similar satellite centers around the country (Tirol, 1998:21). These centers provide all the necessary treatments except for transplant operations (Tirol, 1998:21). In rare occasions where a deceased person's organ is a match for a living recipient in a different part of the country, the country's airline system should be utilized to

transport the organs. This would require medically trained professionals to work with the airline staff to make sure the organ is handled properly (“Pakistani organ trade,”2006). This seems like a daunting task for a country that constantly is in turmoil but it can be achieved with proper resources and oversight.

Conclusion

Human Trafficking affects and involves every part of the world. Pakistan is no exception. In fact, various forms of trafficking- debt bondage, forced labor, domestic servitude- cause and facilitate organ trafficking. Organ trafficking around the world follows the economic rule of supply and demand. The long waiting lists create a demand for organs and the supply of organs comes from desperate individuals with no other option but to sell a kidney. The clinics, gangs, and “kidney mafias” around Pakistan have made a lucrative business out of this demand and take any measure necessary to meet this demand. Their only concern is to make profit. Even after passing a law to prohibit organ sale, the illicit trade of organ trafficking continues to thrive. Part of this thrive is due to the government and law enforcement agencies turning a blind eye to private clinics around the country openly carrying out transplant operations on wealthy recipients.

The root causes of organ trafficking in Pakistan are poverty, high unemployment rate, high illiteracy rate, absence of health care regulations for kidney transplants, inefficient implementation of THOTO due to corruption, gender and ethnic discrimination; and political instability and border conflicts. To curb the illicit trade, Pakistan needs to implement the THOTO and assist the victims of this crime against humanity by providing them with better health care post-operation and prosecuting various actors’ involved in taking advantage of their poverty to buy an organ. This includes the recipients suffering from kidney failure. They are just as guilty as the gangs, kidney mafias, doctors, brokers, government and law enforcement agencies.

Modes of international organ trade and organ trafficking

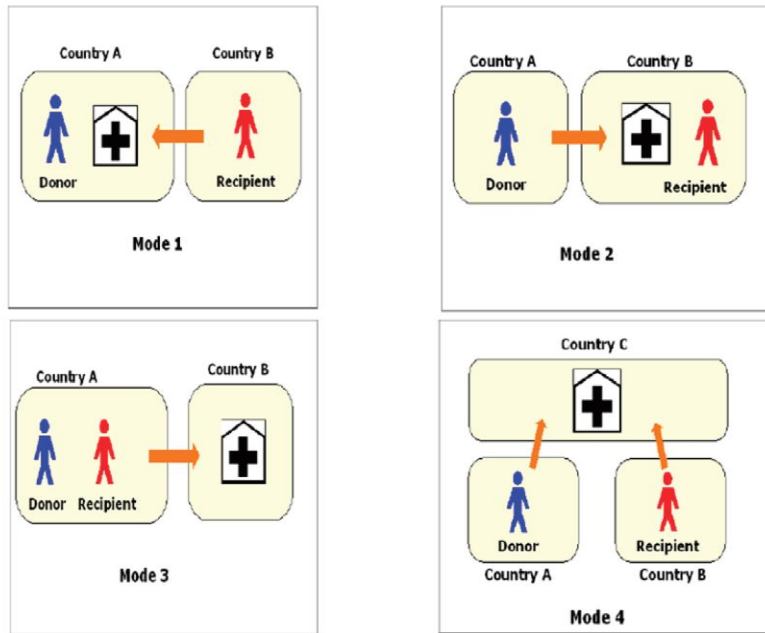


Figure 1: Modes of Transplant Tourism Shimazono in 2007 illustrated four methods of travel, by recipients and donors, for transplant operations usually under the false pretence of medical tourism. (Source: Budiani-Saberi & Delmonico, 2008:926)



Figure 2: The 2011 floods in Pakistan destroyed millions of hectares (acres) of croplands.

(Source: United Nations)

The screenshot shows the Bolee website interface. At the top left is the Bolee logo with the tagline 'ONLINE AUCTION HOUSE'. A navigation bar contains links for 'home', 'sell', 'register', 'account', 'help', and 'contact'. On the right, it says 'Hit Counter: 1180961'. The main heading is 'Product info' with a 'Signup' link on the right. The auction item is titled 'Kidney for Sale' with item number '51149'. A table lists auction details: Current Bid (No bids yet), Starting Price (Rs 600,000.00), Auction Type (Normal), Quantity (1), Seller Name (Junaid_afi), Condition (New), Shipping (With in my city), Terms of Payments (Money Order, Demand Draft or PayOrder), and Time Left (1 months 24 Days 15 Hours 3 Minutes 4 Seconds). Other details include Next Valid Bid (Rs 600,500.00), Raise in bid (Rs 500.00), Highest Bidder (No bids yet), Location (Islamabad), Number Of Bids (0), and Shipping Charges (See Item Description). A 'Description' section contains a text block: 'I am 26 yaer old healthy person & want to sellout my healthy one kidney for AB+ compatible person, My demand is Rs.600,000(Operations & other medical expenses"ll be beard by kidney purchaser)'. Below this is an 'Image' section with the text 'No Image Available'. At the bottom, there is a 'Login here to bid' form with fields for 'Login Name' and 'Password', and 'Submit' and 'Clear' buttons. To the right of the form is a 'How to bid' section with five numbered instructions.

	Current Bid	No bids yet	Next Valid Bid	Rs 600,500.00
	Starting Price	Rs 600,000.00	Raise in bid	Rs 500.00
	Auction Type	Normal	Highest Bidder	No bids yet
	Quantity	1	Location	Islamabad
	Seller Name	Junaid_afi Rating Ask Questions View Seller's Other Auctions Talk a Friend	Number Of Bids	0 View Bids History
	Condition	New	Shipping Charges	See Item Description
	Shipping	With in my city	Shipping Information:	Cash first and full payment
	Terms of Payments	Money Order, Demand Draft or PayOrder		
	Time Left	1 months 24 Days 15 Hours 3 Minutes 4 Seconds		

Description

I am 26 yaer old healthy person & want to sellout my healthy one kidney for AB+ compatible person, My demand is Rs.600,000(Operations & other medical expenses"ll be beard by kidney purchaser)

Image

No Image Available

Login here to bid

Login Name:

Password:

How to bid

1. [How do I place a proxy bid? It looks like I can only place a maximum bid?](#)
2. [Register to bid](#) - if you haven't already. It's free!
3. Learn about this seller - read feedback comments of others.
4. Forget your Bolee ID or Logon Problem then Please [Click Here](#)
5. Don't Have a Bolee ID? [Sign up](#) for free

Figure 3: Bolee, a local Pakistani website, displays a 26 years old man auctioning his kidney.

(Source: Najam, 2008)

Table 1. Demographics of kidney vendors ($n = 239$).

Characteristics		
Mean age (years)	33.6 ± 7.2	Range 19–56
M:F	3.5:1	
Years postnephrectomy	4.8 ± 2.3	Range 14 months–10 years
Education		
Illiterate	214	89.5%
Primary school	11	4.6%
Secondary school	11	4.6%
Matriculation	3	1.2%
Occupational status		
Bonded labour	157	66%
Farm workers	81	
Domestic servant	43	
House maids	33	
Labourer	29	12%
Housewives	20	8.5%
Others	6	2.5%
Unemployed	27	11%

Table 1: Profile of kidney vendors in Pakistan Results of an ethnographical study published in 2009 about kidney vendors living in few cities of the Punjab Province. The results showed a variance in the occupational status of the vendors. However majority of them were bonded labourers and illiterate. (Source: Naqvi et al. 2007)

Table 2. Economic status of vendors.

Monthly income in \$US (<i>n</i> = 192)		
<10	61	32%
10–30	119	62%
30–50	10	5%
>50	2	1%
Dependents in family (<i>n</i> = 219)		
2–3	32	14.5%
4–5	86	39.4%
6–7	69	31.5%
8–11	32	14.5%
Reason for vending (<i>n</i> = 239)		
Debt repayment	172	72%
Debt repayment + business	12	5%
Business venture	12	5%
Debt repayment + marriage	17	7%
Debt repayment + house construction	10	4%
Debt repayment + illness in family	12	5%
Illness in family	4	2%
Total debt in \$US (<i>n</i> = 176)		
<1000	32	18%
1000–2500	135	77%
2500–3000	4	2%
>3000	5	3%

Table 2: Reasons for vending Results of an ethnographical study published in 2009 about kidney vendors living in few cities of the Punjab Province. The results reveal that majority of the vendors sold a kidney to pay debt combined with other expenses. (Source: Naqvi et al. 2007)

Table 3. Economics and outcome of vending.

<i>Economics (n = 179)</i>		
Amount agreed in \$US		
Up to 1500	48	27%
Up to 2000	117	65%
Up to 3000	14	8%
Amount received in \$US		
Up to 1500	117	65%
Up to 2000	62	35%
Up to 3000	–	–
<i>Expenditure of vending money (n = 239)</i>		
Debt repayment	219	92%
Debt repayment + business	17	7%
Debt repayment + marriage	28	12%
Debt repayment + house construction	27	11%
Debt repayment + illness in family	7	3%
Business venture	20	8%
<i>Health status postnephrectomy (n = 239)</i>		
Good	3	1.2%
Weak	148	62%
Poor	88	36.8%

Table 3: Consequences of Vending Results of an ethnographical study published in 2009 about kidney vendors living in few cities of the Punjab Province. The results reveal that majority of the vendors health became weak and they did not benefit as imagined. (Source: Naqvi et al. 2007)

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